

# APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: A FILM IMAGE READING DEVICE AND STORAGE MEDIUM WHICH STORES THE CONTROL PROCESS FOR THE FILM IMAGE READING DEVICE

described and claimed in the specification:

Check one

a. ☒ attached hereto.

b. ☐ filed on \_\_\_\_\_ as Application No. \_\_\_\_\_ and amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed within one year prior to this application are hereby claimed:

Japanese Application Hei 8-183197 filed 6/24/98

Japanese Application Hei 9-82932 filed 4/1/97

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;

Kirk M. Hudson, Reg. No. 27,552; Thomas J. Pardini, Reg. No. 30,411;

Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Registration No. 32,771 and

Mario A. Costantino, Registration No. 33,565.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

Typewritten Full Name  
of First or Sole Inventor

\*\*Inventor's Signature:

\*\*Date of Signature:

Residence:

Citizenship:

Given Name	Middle Initial	Family Name
Takahiro		IKEDA
June	23	1997
Month	Day	Year
Toshima-ku	Tokyo	Japan
City	State or Province	Country
Post Office Address: (Insert complete mailing address, including country)		
NIKON CORPORATION (Intellectual Property Department)		
2-3 Marunouchi 3-chome, Chiyoda-ku, Tokyo, Japan		

This form may be executed only when attached to the specification (including claims).

**PAGE 2 OF U.S.A. DECLARATION FORM**  
(Discard this page in a sole inventor application)

**Typewritten Full Name**

**of Second Joint Inventor (if any)**

	Toshiya	AIKAWA
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Inventor's Signature:	<i>Toshiya</i>	<i>Aikawa</i>
Date of Signature:	<i>June</i>	<i>23</i>
	Month	Day
Residence:	Yokohama-shi	Kanagawa-ken
	City	State or Province
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		Country

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mailing address,  
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NIKON CORPORATION (Intellectual Property Department)

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**Typewritten Full Name**

**of Third Joint Inventor (if any)**

	Given Name	Middle Initial	Family Name
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Date of Signature:			
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Residence:			
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Post Office Address:

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mailing address,  
including country)

**Typewritten Full Name**

**of Fourth Joint Inventor (if any)**

	Given Name	Middle Initial	Family Name
Inventor's Signature:			
Date of Signature:			
	Month	Day	Year
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Citizenship:			

Post Office Address:

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mailing address,  
including country)

**Typewritten Full Name**

**of Fifth Joint Inventor (if any)**

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Inventor's Signature:			
Date of Signature:			
	Month	Day	Year
Residence:			
	City	State or Province	Country
Citizenship:			

Post Office Address: